PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

maintenance fee notific	ations.	merwise in Block 1, by t	a) specifying a new corre	espondence address;	and/or (b) i	ndicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONI	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
			ailing or Trans				
Alcon Researc	I h	ereby certify that th	is Fee(s) Tra	nsmittal is being	deposited with the United		
6201 South Free Fort Worth, TX	ado trai	dressed to the Mail	Stop ISSUI FO (571) 273	E FEE address 3-2885, on the d	g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.		
				Sue Stockto	(Depositor's name)		
		<u> </u>	/Sue Stockton/			(Signature)	
				02-08-2008		<u> </u>	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		OR ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/510,585 10/08/2004			Debra L. Fleenor 2354 US F OR MODULATE THE ACTIVITY AND/OR EXPRESSION OF CON				1893
TITLE OF INVENTION TISSUE GROWTH FA RETINOPATHIES/OPT	CTOR (CTGF) AS A 1	REGULATE, INHIBIT, (JNIQUE MEANS TO B	OR MODULATE THE A	CTIVITY AND/OI	R EXPRESS E AND TRE	ION OF CONN EAT GLAUCON	NECTIVE MATOUS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOT	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	04/17/2008
EXAM	EXAMINER		CLASS-SUBCLASS]			
DAVIS, RUTH A		1651	424-094500				
1. Change of corresponde CFR 1,363).	ence address or indicatio	2. For printing on the p	10,		1 Month	E Eleminar	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys 1 Mark E. Flanigan or agents R, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
ALCON, INC.			Hunenberg, Switzerland				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🏖 Corporation or other private group entity							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	A check is enclosed.						
Advance Order - #	o small entity discount p of Copies	☐ Payment by credit card. Form PTO-2038 is attached. ☐ Replace of the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _501051 (enclose an extra copy of this form).					
			overpayment, to Depo	sit Account Number	501051	(enclose an	extra copy of this form).
5. Change in Entity Stat	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is no lon	ger claiming SMAI	I ENTITY o	tobio Sac 27 CE	D 1 27(~)(2)
	Publication Fee (if requ	ired) will not be accepted	from anyone other than t	he applicant; a regis	tered attorne	y or agent; or the	e assignee or other party in
Authorized Signature	/Mark E. F	lanigan/		Date	02-08-2	.008	
Typed or printed name Mark E. Flanigan			.	Registration No			
This collection of informa	tion is required by 37 C	FR 1.311. The information	n is required to obtain or r				by the USPTO to process)
an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Vi Alexandria, Vi Alexandria, Vi Alexandria, Virginia, 2231	ality is governed by 35 application form to the ons for reducing this bur rginia 22313-1450. DO	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	1.14. This collection is est depending upon the indive Chief Information Office COMPLETED FORMS TO	imated to take 12 m idual case. Any con r, U.S. Patent and T D THIS ADDRESS.	inutes to con nments on th rademark Of SEND TO:	nplete, including e amount of tim ffice, U.S. Depai Commissioner fo	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,

Th an sub this Bo Ale

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.